



**PARENT / GUARDIAN
AFFIDAVIT**

State Form 46538 (R / 2-96)

State of Indiana

County of _____

Name of parent/legal guardian

Deposes and says upon his/her oath that:

Name of applicant

is my natural or legal child and that the signature below is his/her true and valid signature.

Signature of applicant

Applicant's Driver License /SS number (voluntary)

Applicant's date of birth (month, day, year)

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

Signature of parent/ legal guardian

Date signed (month, day, year)

Parent/legal guardian Driver's license number/
State I.D. number



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